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TELEFAX

Date: May 11, 2005 Total pages: 5 including cover
To: US PTO Telephone: Telefax: 703-872-9306
From: Rivka Monheit Telephone: 404-879-2152 Telefax: (404) 879-2160
Our Docket No. ILI 125 CON (2) Client/Matter No. 078245/00043
Your Docket No.

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MESSAGE:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Brian S. Sproat
Serial No.: 10/627,934 Art Unit: 1637
Filed: July 25, 2003 Examiner: Jezia Riley
For: PURIFICATION OF OLIGOMERS

Enclosures:

Transmittal Form PTO/SB/21
Fee Transmittal Form PTO/SB/17
Statement Under 37 C.F.R. 3.73(b)
Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence
Address

{45056877.1}

PTO/SB/21 (09-04)

Approved for use through 07/31/2008, OMB 0651-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/627,934	
	Filing Date	July 25, 2003	
	First Named Inventor	Brian S. Sproat	
	Art Unit	1637	
	Examiner Name	Jezia Riley	
Total Number of Pages in This Submission	4	Attorney Docket Number	ILI 125 CON (2)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Endorsement(s) (please identify below): Statement Under 37 CFR 3.73(b)
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Pabst Patent Group LLP		
Signature	<i>Rivka D. Monheit</i>		
Printed name	Rivka D. Monheit		
Date	May 11, 2005	Reg. No.	48,731

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Carla Stone</i>		
Typed or printed name	Carla Stone	Date	May 11, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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ILI 125 CON (2) / 078245/00043

PTO/SB/17 (12-04)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).**FEE TRANSMITTAL**
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 0.00**Complete if Known**

Application Number	10/627.934
Filing Date	July 25, 2003
First Named Inventor	Brian S. Sproat
Examiner Name	Jezia Riley
Art Unit	1637
Attorney Docket No.	ILI 125 CON(2)

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fees Paid (\$)** **Multiple Dependent Claims**

- 20 or HP = 0 x _____ = _____ **Fee (\$)** **Fees Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fees Paid (\$)**

- 3 or HP = 0 x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fees Paid (\$)**

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature	<i>Rivka D. Monheit</i>	Registration No. (Attorney/Agent)	48,731	Telephone	(404) 879-2152
Name (Print/Type)	Rivka D. Monheit	Date	May 11, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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ILI 125 CON(2) / 078246/00043

PTO/SB/36 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Brian S. Sproat**RECEIVED
CENTRAL FAX CENTER**Application No./Patent No.: 10/627,934Filed/Issue Date: July 25, 2003**MAY 11 2005**Entitled: PURIFICATION OF OLIGOMERSYale University, a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of an undivided, joint interest; or2. ☐ an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:1. From: Brian S. SproatTo: Innovir Laboratories, Inc.The document was recorded in the United States Patent and Trademark Office at
Reel 015855, Frame 0830, or for which a copy thereof is attached.2. From: Innovir LaboratoriesTo: Ribozyme Pharmaceuticals, Inc. and Innovir Laboratories, Inc.The document was recorded in the United States Patent and Trademark Office at
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(NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

DOROTHY K ROBINSON
Signature5/13/05
Date

Printed or Typed Name

DOROTHY K ROBINSON

Title

VP + GENERAL COUNSEL

Telephone Number

203 432-4949

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/627,934
Filing Date	July 25, 2003
First Named Inventor	Brian S. Sproat
Art Unit	1637
Examiner Name	Jezia Riley
Attorney Docket Number	IL 125 CON(2)

I hereby revoke all previous powers of attorney given in the above-identified application.

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☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

23579

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

23579

OR

<input type="checkbox"/> Firm or Individual Name:	Pabst Patent Group LLP				
Address	400 Colony Square, Suite 1200 - - 1201 Peachtree Street				
City	Atlanta	State	GA	Zip	30361
Country	USA				
Telephone	(404) 879-2150		Fax	(404) 879-2160	

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of an undivided, joint interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Dorothy K. Robinson</i>			on behalf of Yale University
Name	DOROTHY K ROBINSON			
Date	5/3/05	Telephone	203 432-4949	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ signatures submitted.

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